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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/718,781
	Filing Date	11/20/2003
	First Named Inventor	Christopher J. Burt
	Art Unit	2184
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	203995 (5024-00289)

ENCLOSURES <small>(Check all that apply)</small>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 5px;">Return Receipt Postcard</div>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Andrus, Sceales, Starke & Sawall, LLP		
Signature			
Printed name	Joseph D. Kuborn		
Date	11/9/06	Reg. No.	40,689

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PATENT

UNITED STATES PATENT AND TRADEMARK OFFICE

Application Of:

CHRISTOPHER J. BURT ET AL.

Application No. 10/718,781

Filed: 11/20/2003

Group Art Unit: 2184

Examiner:

PROACTIVE SUPPORT OF
HEALTHCARE INFORMATION SYSTEM

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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

MAIL STOP: AMENDMENT
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Sir:

The following reference was in a Search Report issued in the corresponding
European patent application:

6,122,664

This Information Disclosure Statement is accompanied by a PTO Form 1449, in
duplicate.

CERTIFICATION OF INFORMATION DISCLOSURE STATEMENT

This certification is being made for the Information Disclosure Statement noted
above. The undersigned attorney certifies that each item of information contained in the
above information disclosure statement was cited in a communication from a foreign patent
office in a counterpart foreign application. Since no Office Action has been received on
the application, it is believed that no fee is due in connection with this Statement.
However, if a fee is due, this is your authorization to charge Deposit Account No.
05.2401 for any such fee.

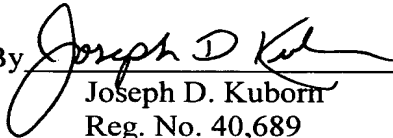
Applicant: Mark S. Briemon et al.

Application No. 10/174,890

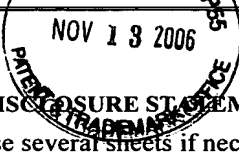
It is requested that this reference be considered and be made of record in this application.

Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL, LLP

By 
Joseph D. Kuborn
Reg. No. 40,689

Andrus, Sceales, Starke & Sawall, LLP
100 East Wisconsin Avenue, Suite 1100
Milwaukee, WI 53202
(414) 271-7590
Attorney Docket No.: 203995 (5024-00289)

Form PTO-1449		U.S. Department of Commerce Patent and Trademark Office	Atty. Docket No. 203995 (5024-00289)	Appln. No.: 10/718,781
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use several sheets if necessary)			Applicant Christopher J. Burt et al.	
			Filing Date 11/20/2003	Group Art Unit 2184

U.S. PATENT DOCUMENTS							
*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
		6,122,664	09/19/2000	Boukobza et al.			

FOREIGN PATENT DOCUMENTS								
		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							Yes	No

OTHER REFERENCES (Including Author, Title, Date, Pertinent Pages, Etc.)		

EXAMINER	DATE CONSIDERED
*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance <u>and</u> not considered. Include copy of this form with next communication to client.	